

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/534302** FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
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15		/		/		
16		/		/		
17		/		/		
18		2		/		
19		/		/		
20		/		/		
21		2		/		
22		1		/		
23		1		/		
24		2		/		
25		2		/		
26		2		/		
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45						
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47						
48						
49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	36		28			
TOTAL CLAIMS	37		29			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						